

PERMITTEE NAME/ADDRESS:

NAME: ANCHORAGE, MUNICIPALITY OF  
ADDRESS: 3000 ARCTIC BLVD.  
ANCHORAGE AK 99503-3898

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

AK0022551	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR  
(SUBR 02)  
F - FINAL

Form Approved  
OMB No. 2040-0004

FACILITY: JOHN M. ASPLUND WWTF---301 (H)  
LOCATION: ANCHORAGE, AK 99502  
ATTN: MARK PREMO P.E. GEN MGR. AWWU

MONITORING PERIOD	
FROM 06   06   01	TO 06   06   30

\*\*\* NO DISCHARGE ☐ \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT			
TEMPERATURE, WATER DEG. CENTIGRADE 00010 G 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	13.8	(04)	N/A	FOUR/ WEEK	GRAB
RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT MAXIMUM	DEG.C		FOUR/ WEEK	GRAB
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	14.2	(04)	N/A	FOUR/ WEEK	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT MAXIMUM	DEG.C		FOUR/ WEEK	GRAB
OXYGEN, DISSOLVED (DO) 00300 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	1.6	*****	*****	(19)	N/A	FOUR/ WEEK	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT MO MIN	*****	*****	MG/L		FOUR/ WEEK	GRAB
BOD, 5-DAY (20 DEG. C) 00310 G 0 0	SAMPLE MEASUREMENT	47332	*****	(26)	*****	209	*****	(19)	N/A	FOUR/ WEEK <sup>1)</sup>	COMP24
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	*****	LBS/DY	*****	REPORT MO AVG	*****	MG/L		FOUR/ WEEK	COMP 24
BOD, 5-DAY (20 DEG. C) 00310 W 0 0	SAMPLE MEASUREMENT	*****	39343	(26)	*****	*****	172	(19)	0	FOUR/ WEEK <sup>1)</sup>	COMP24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	90100 DAILY MX	LBS/DY	*****	*****	300 DAILY MX	MG/L		FOUR/ WEEK	COMP 24
BOD, 5-DAY (20 DEG. C) 00310 1 0 0	SAMPLE MEASUREMENT	32730	39343	(26)	*****	146	172	(19)	0	FOUR/ WEEK <sup>1)</sup>	COMP24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	72100 MO AVG	75100 WKLY AVG	LBS/DY	*****	240 MO AVG	250 WKLY AVG	MG/L		FOUR/ WEEK	COMP 24
PH 00400 G 0 0	SAMPLE MEASUREMENT	*****	*****	****	6.9	*****	7.4	(12)	N/A	FOUR/ WEEK	GRAB
RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	REPORT MAXIMUM	SU		FOUR/ WEEK	GRAB

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

*G. P. Warren*  
SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

J. Kris Warren  
Director, Treatment Division

TYPED OR PRINTED

(907)564-2799

06/07/10

AREA CODE NUMBER

YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Forms by WindowChem(707)864-0845;ph11090;y5.01;4/1/96. Rev. 1/05. BN

1) All required BOD tests were run; however, five of these influent and five effluent test results were deemed invalid due to a variety of lab errors.

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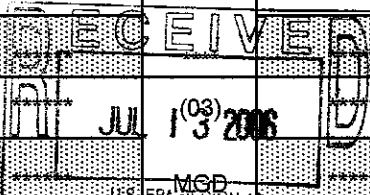
MONITORING PERIOD

FROM 06 | 06 | 01 TO 06 | 06 | 30

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT			
PH	SAMPLE MEASUREMENT	*****	*****	****	6.7	*****	7.2	(12)	0	FOUR/ WEEK	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		FOUR/ WEEK	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	58921	*****	(26)	*****	261	*****	(19)	N/A	FOUR/ WEEK	COMP24
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	REPORT MO AVG	*****	LBS/DAY	*****	REPORT MO AVG	*****	MG/L		FOUR/ WEEK	COMP24
00530 G 0 0	SAMPLE MEASUREMENT	*****	20175	(26)	*****	*****	90	(19)	0	FOUR/ WEEK	COMP24
RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	57000 DAILY MX	LBS/DAY	*****	*****	190 DAILY MX	MG/L		FOUR/ WEEK	COMP24
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	13338	16927	(26)	*****	59	74	(19)	0	FOUR/ WEEK	COMP24
00530 W 0 0	PERMIT REQUIREMENT	51000 MO AVG	54000 WKLY AVG	LBS/DAY	*****	170 MO AVG	180 WKLY AVG	MG/L		FOUR/ WEEK	COMP24
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	21.5	*****	(19)	N/A	ONCE/ MONTH	COMP24
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	*****	MG/L	N/A	ONCE/ MONTH	COMP24
00610 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	35	*****	(30)	0	THREE/ WEEK <sup>1)</sup>	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	850 MO GEO	*****	MPN/ 100ML		THREE/ WEEK	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	26.835	*****	****	*****	*****	*****	****	N/A	CONTIN UOUS <sup>2)</sup>	RCORDR
00610 1 0 0	PERMIT REQUIREMENT	MO AVG	*****	MG/L	*****	*****	*****	****		CONTIN UOUS	RCORDR
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	****		CONTIN UOUS	RCORDR
FECAL COLIFORM, MPN, EC MED, 44.5C	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****		CONTIN UOUS	RCORDR
31615 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	****		CONTIN UOUS	RCORDR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****		CONTIN UOUS	RCORDR
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	****		CONTIN UOUS	RCORDR
50050 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****		CONTIN UOUS	RCORDR
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	****		CONTIN UOUS	RCORDR
*****	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****		CONTIN UOUS	RCORDR



J. Kris Warren

Director, Treatment Division

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SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE  
(907)564-2799 06/07/10  
AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Forms by WindowChem(707)864-0845;pin11090;v5.01/4/1/96. Rev. 1/05, BN

1) One coliform sample missed the week of May 28-June 3 due to scheduling error; extra sample was tested later in month. 2) Power off two hours on 6/25/06 - flow estimated during that period.

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT			
CHLORINE, TOTAL RESIDUAL 50060 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0.6	(19)	0	EVERY 3 HRS	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.2 DAILY MX	MG/L		EVERY 4 HRS	GRAB
BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0	SAMPLE MEASUREMENT	*****	*****	****	30	*****	*****	(23)	N/A	ONCE/MONTH	CALCTD
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	REPORT MD AVG	*****	*****	PER-CENT	N/A	ONCE/MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0	SAMPLE MEASUREMENT	*****	*****	****	77	*****	*****	(23)	N/A	ONCE/MONTH	CALCTD
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	REPORT MD AVG	*****	*****	PER-CENT	N/A	ONCE/MONTH	CALCTD

U.S. EPA REGION 18  
OFFICE OF COMPLIANCE AND ENFORCEMENT  
JUL 13 2006

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**J. Kris Warren**

**Director, Treatment Division**

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Chlorine feed turned off for 2.5 hours on 6/20/06 for maintenance work on evaporators.

Forms by WindowChem(707)864-0845;p/n11090;y5.01;4/1/96. Rev. 1/05. BN